

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		06-08-01
O.I.P.E. CLASSIFIER		20	6/20
FORMALITY REVIEW	MM	572	08-07-01
RESPONSE FORMALITY REVIEW	Request	925	10-04-01

## INDEX OF CLAIMS

✓	.....	Rejected
=	.....	Allowed
—	(Through numeral)...	Canceled
÷	.....	Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Original	Date
1	3	
2	4	
3	5	
4	7	
5	8	
6	12	
7	13	
8	14	
9	15	
10	16	
11	17	
12	18	
13	19	
14	20	
15	21	
16	22	
17	23	
18	24	
19	25	
20	26	
21	27	
22	28	
23	29	
24	30	
25	31	
26	32	
27	33	
28	34	
29	35	
30	36	
31	37	
32	38	
33	39	
34	40	
35	41	
36	42	
37	43	
38	44	
39	45	
40	46	
41	47	
42	48	
43	49	
44	50	

Claim	Final	Original	Date
		3 5 7 12	
		4 9 18 11	
		03 03 03 03	
	51	F	
	52		✓ 0
	53		0 ✓
	54		✓
	55		0
	56		0
	57		✓ 0
	58		0 ✓
	59	N	
	60		
	61		
	62		
	63		
	64		
	65		
	66		
	67		
	68		
	69		
	70		
	71		
	72		
	73		
	74		
	75		
	76		
	77		
	78		
	79		
	80		
	81		
	82		
	83		
	84		
	85		
	86		
	87		
	88		
	89		
	90		
	91		
	92		
	93		
	94		
	95		
	96		
	97		
	98		
	99		
	100		

Claim	Final	Original	Date
		3 4 9 2303 N	
	101		
	102		
	103		
	104		
	105		
	106		
	107		
	108		
	109		
	110		
	111		
	112		
	113		
	114		
	115		
	116		
	117		
	118		
	119		
	120		
	121		
	122		
	123		
	124		
	125		
	126		
	127		
	128		
	129		
	130		
	131		
	132		
	133		
	134		
	135		
	136		
	137		
	138		
	139		
	140		
	141		
	142		
	143		
	144		
	145		
	146		
	147		
	148		
	149		
	150		

**If more than 150 claims or 10 actions  
staple additional sheet here**

(LEFT INSIDE)

**BEST AVAILABLE COPY**